

**UNITED STATES ARMY**  
**CHAPLAIN AND CHAPLAIN CANDIDATE COMMISSIONING APPLICATION**

(For use of this form see USAREC Reg 350-12)

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Collection of this information is authorized by sections 503, 505, 12102, 12103, and 12104 of Title 10 of the U.S. Code.

**PRINCIPAL PURPOSE:** Information collected will be used to assist in the qualification process of chaplains and chaplain candidates.

**ROUTINE USES:** Blanket routine use disclosures as described in AR 340-21, The Army Privacy Program, paragraph 3-2.

**DISCLOSURE:** Voluntary; however, failure to provide the information may delay or terminate the application process.

**GENERAL INSTRUCTIONS**

1. Please print legibly with either pen or pencil. If any section does not apply to you, annotate "NA" (Not Applicable).
2. Provide complete addresses. P.O. boxes are not acceptable.
3. When providing dates, remember to give the complete date that includes the day, month, and year. If you cannot remember the exact date, give your best estimate.
4. If you run out of room in any section, continue on a plain sheet of paper. Be sure to reference the section number you are continuing.
5. The following documents should accompany this worksheet upon return to our office:
  - a. Full-length photograph - 4"X 6", not older than 6 months, in business attire or official military photo. Clerical garb is okay, but, please, no robes.
  - b. Commander's recommendation (if currently in a military unit) and DD Form 368 (Request for Conditional Release From Reserve or Guard Component) if in any branch of service other than the active duty Army or the Army Reserve.
  - c. Proof of security clearance - if you have a clearance that is less than 10 years old and you are a current military unit member, submit a signed memorandum from your unit security officer that states the clearance type and completion date.
  - d. Birth certificate - this must be an original copy issued by your birth state or a notarized certified true copy with a raised seal. Foreign born applicants should consult with the Chaplain Recruiting Team for details on citizenship documents they need to submit.
  - e. FBI Form FD 258 (Applicant Fingerprint Card) - if you do not possess a current security clearance, these must be submitted.
  - f. Prior service applicants will also submit a certified true copy of their DD Form 214 (Certificate of Release or Discharge From Active Duty). Also, please send photocopies of any other prior service documents your recruiter may need, to include OERs, NCOERs, awards, etc.

## SECTION I - ADMINISTRATION

### Part A - Lead Record

1. Do you have any prior military service? <i>(Check one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
2. NAME <i>(Last, First, Middle):</i>			3. SEX <i>(Check one):</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
4. PERMANENT ADDRESS					
a. Number and Street:	b. City:	c. State:	d. County:	e. ZIP Code:	f. Country:
5. TELEPHONE NUMBERS <i>(Include area code)</i>				6. E-MAIL:	
a. Home:	b. Work:	c. Cell:			
7. For which program are you applying? <i>(Check one)</i> <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> CHAPLAIN CANDIDATE <input type="checkbox"/> ROTC EDUCATION DELAY					
8. Please rate the following from 1-5 <i>(with 1 being the most important to 5 being the least important)</i> as the reason(s) you decided to apply for the Army Chaplaincy:					
_____ SERVICE TO GOD AND COUNTRY		_____ REAL CHALLENGE			
_____ PERSONAL GROWTH		_____ INCENTIVES (MONEY)			
_____ INNOVATIVE MINISTRY		_____ TRAINING			
9. Who or what influenced you to apply for the Army Chaplaincy?					

### 10. HIGH SCHOOL

a. Name:	b. City:	c. State:	d. Year Graduated:
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### Part B - Prequalification

11. Date of Birth:	12. Height and Weight:	13. Highest Grade Completed:	14. Degree and Major:	
15. UNDERGRADUATE SCHOOL				
a. Name:			b. Year Graduated:	
16. GRADUATE OR SEMINARY SCHOOL				
a. Name:	b. City:	c. State:	d. Year Graduated or Will Graduate:	e. Are you ordained?
17. PRIOR SERVICE INFORMATION				
a. Type <i>(Check one):</i> <input type="checkbox"/> ENLISTED <input type="checkbox"/> OFFICER <input type="checkbox"/> WARRANT OFFICER			b. Component <i>(Check one):</i> <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE	
c. Service Branch <i>(Check one):</i> <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD				
18. CURRENT SERVICE INFORMATION				
a. MOS or AOC:	b. ASI:	c. Current or Highest Grade:		
d. Service Status <i>(Check one):</i> <input type="checkbox"/> ACTIVE <input type="checkbox"/> ACTIVE RESERVE <input type="checkbox"/> INACTIVE RESERVE				
19. DD FORM 214 INFORMATION				
a. RE Code:	b. Separation Code:	c. Discharge Type:	d. Total Years:	

**Part B - Prequalification** *(continued)*

20. Do you now or have you ever had any medical problems, conditions, or surgeries?

☐ YES *(Explain below)*      ☐ NO

21. Do you now or have you ever had any law violations (exclude traffic violations involving a fine of \$250 or less)?

☐ YES *(Explain below)*      ☐ NO

**22. CITIZENSHIP**

a. Are you a U.S. citizen?	b. Do you have dual citizenship?	c. If you do have dual citizenship, list the countries:
23. What is your current marital status?		24. What is your total number of dependents?

**Part C - Prospect Record**

25. SSN:		26. PLACE OF BIRTH			
		a. City:	b. State:	c. County:	d. Country:
27. DRIVER'S LICENSE INFORMATION			28. DEPENDENTS		
a. License Number:	b. Expiration Date:	c. State:	a. Total Number:	b. Number of Minors:	
29. Citizenship:	30. Registered to Vote: <input type="checkbox"/> YES <input type="checkbox"/> NO	31. Race:		32. Ethnic Category:	
33. Religion or Denomination:		34. Endorsing Agent:			
35. ALIASES OR MAIDEN NAME					
a. Name Used:		b. From Date:		c. To Date:	
d. Name Used:		e. From Date:		f. To Date:	
36. The following information needs to be attested by another individual not related to you.					
a. Name as Shown on Birth Certificate:		b. Name as Shown on Social Security Card:		c. Name Preference:	
d. Witness Full Name:			e. Witness Full Signature:		
37. FOREIGN LANGUAGES					
a. Do you speak a foreign language?		b. If yes, list all languages?			
c. Indicate your level of proficiency ( <i>understand, read, write, speak</i> ):					

## SECTION II - MORAL AND DRUG SCREENING

### Part A - Criminal, Traffic, and Civil

1. Have you had any police involvements, including juvenile and minor traffic violations?
2. Have you ever been charged with or convicted of any felony offense? *(Include those under the Uniform Code of Military Justice.)*
3. Have you ever been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? *(Include nonjudicial punishment, Captain's mast, etc.)*
4. Have you ever been charged with or convicted of a firearms or explosives offense?
5. Do you have or have you ever had any court actions of any kind (criminal, traffic, civil)?
6. Have you ever been on probation or on early release?
7. Do you have any current or outstanding tickets?
8. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
9. Have you ever been arrested for, charged with, or convicted of any offenses(s)? *(If yes, list all violations not previously listed.)*
10. Have you ever been told by anyone (judge, lawyer, any Army personnel, family, friends, etc.) that you do not have to list a charge because the charge(s) was dropped, dismissed, not filed, expunged, stricken from the record, or was juvenile related?
11. Complete the items below for any "YES" answers given in Part A.

a. Date (dd/mm/yy)	b. Offense	c. Action Taken and/or Fine Paid	d. Police Department and/or Court (Name and complete address)

### Part B - Drug Related

12. In the last 7 years, have you ever possessed and/or used any controlled substances or illegal drugs except as prescribed by a licensed physician?
13. Have you ever been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any illegal drugs (to include marijuana) for your own intended profit or that of another?
14. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official, while possessing a security clearance, or while in a position directly and immediately affecting the public safety?
15. Complete the items below for any "YES" answers given in Part B.

a. From (yy/mm/dd)	b. To (yy/mm/dd)	c. Drug Type	d. Times Used	e. Reason

**Part C - Mental Health**

16. In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.,) or have you consulted with another health care provider about a mental health-related condition?

17. Complete the items below if you answered "YES" in Part C.

a. From (yy/mm/dd)	b. To (yy/mm/dd)	c. Doctor's Name	d. Age	e. Treatment Facility (Name and complete address)

**Part D - Other Offenses**

18. Have you ever been charged with any crime that has not already been listed?

☐ YES (Explain below)      ☐ NO

**Part E - Alcohol Related**

19. Has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

20. Complete the items below if you answered "YES" in Part E.

a. From (yy/mm/dd)	b. To (yy/mm/dd)	c. Doctor's Name	d. Age	e. Treatment Facility (Name and complete address)

### SECTION III - EDUCATION

List the schools you attended beyond junior high school, beginning with the most recent and working back 10 years. List college or university degrees and the dates they were received. If all of your education occurred more than 10 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "CODE" block:

1 - High school, 2 - College, university, or military college, 3 - Vocational, technical, or trade school

For correspondence schools and extension classes, provide the address where the records are maintained.

#### 1. SCHOOL

a. Code:	b. From (mm/dd/yy):	c. To (mm/dd/yy):	d. Name:	e. Degree or Major:	f. Awarded (mm/yy):
g. Street Address:			h. City:	i. State:	j. ZIP Code:
k. Name of Person Who Knew You:		l. Address (Street, city, state, and ZIP Code):		m. Telephone (Include area code):	

#### 2. SCHOOL

a. Code:	b. From (mm/dd/yy):	c. To (mm/dd/yy):	d. Name:	e. Degree or Major:	f. Awarded (mm/yy):
g. Street Address:			h. City:	i. State:	j. ZIP Code:
k. Name of Person Who Knew You:		l. Address (Street, city, state, and ZIP Code):		m. Telephone (Include area code):	

#### 3. SCHOOL

a. Code:	b. From (mm/dd/yy):	c. To (mm/dd/yy):	d. Name:	e. Degree or Major:	f. Awarded (mm/yy):
g. Street Address:			h. City:	i. State:	j. ZIP Code:
k. Name of Person Who Knew You:		l. Address (Street, city, state, and ZIP Code):		m. Telephone (Include area code):	

#### 4. SCHOOL

a. Code:	b. From (mm/dd/yy):	c. To (mm/dd/yy):	d. Name:	e. Degree or Major:	f. Awarded (mm/yy):
g. Street Address:			h. City:	i. State:	j. ZIP Code:
k. Name of Person Who Knew You:		l. Address (Street, city, state, and ZIP Code):		m. Telephone (Include area code):	

#### 5. HIGH SCHOOL

a. Name:	b. Year Graduated:	c. City:	d. State:
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6. Have you ever been expelled from school or placed on probation?

☐ YES (Explain below) ☐ NO

7. Have you ever been the recipient of special education honors, deans list, awards, or scholarships?

☐ YES (Explain below) ☐ NO

## SECTION IV - PERSONAL

### Part A - Citizenship

1. Mark the box below that reflects your current citizenship status and follow its instructions.

a. I am a U.S. citizen or national by birth in the U.S. or U.S. territory or possession. *(Complete items 2 and 4 below.)*

b. I am a U.S. citizen, but I was not born in the U.S. *(Complete items 2, 3, and 4 below.)*

c. I am not a U.S. citizen. *(Complete items 2 and 5 below.)*

### 2. MOTHER'S MAIDEN NAME

a. Last:

b. First:

c. Middle:

### 3. UNITED STATES CITIZENSHIP

If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

#### a. Naturalization Certificate *(Where were you naturalized?)*

(1) Court:

(2) City:

(3) State:

(4) Certificate Number:

(5) Issued *(mm/dd/yy)*:

#### b. Citizenship Certificate *(Where was the certificate issued?)*

(1) City:

(2) State:

(3) Certificate Number:

(4) Issued *(mm/dd/yy)*:

#### c. State Department Form 240 (Report of Birth Abroad of a Citizen of the United States)

Give the date the form was prepared and give an explanation if needed.

(1) Date *(mm/dd/yy)*:

(2) Explanation:

#### d. U.S. Passport

This may be either a current or previous U.S. passport.

(1) Passport Number:

(2) Date Issued *(mm/dd/yy)*:

### 4. DUAL CITIZENSHIP

If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the block below.

Country:

### 5. ALIEN

If you are an alien, provide the following information. Place and date you entered the United States.

(1) City:

(2) State:

(3) Date *(mm/dd/yy)*:

(4) Alien Registration Number:

(5) Country(ies) of Citizenship:

### Part B - Address History

List the places where you have lived, beginning with the most recent (item 6) and working back 10 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence; do not use a post office box as an address or do not list a permanent address when you were actually living at a school, etc. Be sure to specify your location as close as possible. For example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO or FPO address if you lived overseas.

For any address in the last 10 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residencies completely outside this 10-year period, and do not list your spouse, former spouses, or other relatives).

#### 6. ADDRESS

a. From <i>(month/year)</i> :	b. To:	c. Directions for general delivery or rural route:				
	PRESENT					
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knows you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

#### 7. ADDRESS

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

#### 8. ADDRESS

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						



**Part B - Address History** *(continued)*

**9. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**10. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**11. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**12. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**Part B - Address History** *(continued)*

**13. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**14. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**15. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**16. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**Part B - Address History** *(continued)*

**17. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**18. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**19. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

**20. ADDRESS**

a. From <i>(month/year)</i> :	b. To <i>(month/year)</i> :	c. Directions for general delivery or rural route:				
d. Street <i>(Apartment number if appropriate)</i> :	e. City:	f. State:	g. County:	h. ZIP Code:	i. Country:	
j. Person who knew you						
(1) Name:		(2) Home Telephone <i>(Include area code)</i> :		(3) Work Telephone <i>(Include area code)</i> :		
(4) Street <i>(Apartment number if appropriate)</i> :	(5) City:	(6) State:	(7) County:	(8) ZIP Code:	(9) Country:	
(10) Directions for general delivery or rural route:						

## SECTION V - EMPLOYMENT

List your employment activities beginning with the present and working back to age 16. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks.

**SPECIAL NOTE:** List all religious and church-related work, even if it was voluntary.

**EXCEPTION:** Show all Federal civilian service.

Use one of the codes listed below to identify the type of employment:

- |  |   |
|--|---|
| 1 - Blank  | 6 - Self-employment ( <i>Business name and/or person who can verify</i> ) |
| 2 - Blank  | 7 - Unemployment ( <i>Name of person who can verify</i> )                 |
| 3 - U.S.P.H.S. Commissioned Corps                      | 8 - Federal contractor ( <i>List contractor, not agency</i> )             |
| 4 - Other Federal employment                           | 9 - Other   |
| 5 - State Government ( <i>Non-Federal employment</i> ) |   |

### 1. EMPLOYMENT

a. From (yy/mm):	b. To (yy/mm): <b>PRESENT</b>	c. Code:	d. Employer, Verifier, or Military Location:	e. Position or Title:
f. Street Address:	g. City:	h. State:	i. ZIP Code:	j. Country:
k. Telephone ( <i>Include area code</i> ):				
l. Job Location ( <i>If different than employer's location</i> )				
(1) Street Address:	(2) City:	(3) State:	(4) ZIP Code:	(5) Country:
(6) Telephone ( <i>Include area code</i> ):				
m. Supervisor				
(1) Name:	(2) Address ( <i>Street, city, state, ZIP Code, and country</i> ):			(3) Telephone ( <i>Include area code</i> ):
n. Responsibilities:				
o. Type Employment:		p. Hours Per Week:	q. Professional Employment?	r. Professional Privileges Granted?
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
s. Have you worked for this organization previously?		t. Were you terminated?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES ( <i>Explain below</i> ) <input type="checkbox"/> NO		

<b>2. EMPLOYMENT</b>									
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:	
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):
l. Job Location (If different than employer's location)									
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):
m. Supervisor									
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):	
n. Responsibilities:									
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO					

  

<b>3. EMPLOYMENT</b>									
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:	
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):
l. Job Location (If different than employer's location)									
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):
m. Supervisor									
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):	
n. Responsibilities:									
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO					

<b>4. EMPLOYMENT</b>										
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:		
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):	
l. Job Location (If different than employer's location)										
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):	
m. Supervisor										
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):		
n. Responsibilities:										
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO						

  

<b>5. EMPLOYMENT</b>										
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:		
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):	
l. Job Location (If different than employer's location)										
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):	
m. Supervisor										
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):		
n. Responsibilities:										
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO						

<b>6. EMPLOYMENT</b>										
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:		
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):	
l. Job Location (If different than employer's location)										
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):	
m. Supervisor										
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):		
n. Responsibilities:										
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO						

  

<b>7. EMPLOYMENT</b>										
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:		
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):	
l. Job Location (If different than employer's location)										
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):	
m. Supervisor										
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):		
n. Responsibilities:										
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO						

<b>8. EMPLOYMENT</b>										
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:		
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):	
l. Job Location (If different than employer's location)										
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):	
m. Supervisor										
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):		
n. Responsibilities:										
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO						

  

<b>9. EMPLOYMENT</b>										
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:		
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):	
l. Job Location (If different than employer's location)										
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):	
m. Supervisor										
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):		
n. Responsibilities:										
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO						



<b>10. EMPLOYMENT</b>									
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:	
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):
l. Job Location (If different than employer's location)									
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):
m. Supervisor									
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):	
n. Responsibilities:									
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO					

  

<b>11. EMPLOYMENT</b>									
a. From (yy/mm):		b. To (yy/mm):		c. Code:	d. Employer, Verifier, or Military Location:			e. Position or Title:	
f. Street Address:			g. City:		h. State:	i. ZIP Code:	j. Country:		k. Telephone (Include area code):
l. Job Location (If different than employer's location)									
(1) Street Address:			(2) City:		(3) State:	(4) ZIP Code:	(5) Country:		(6) Telephone (Include area code):
m. Supervisor									
(1) Name:			(2) Address (Street, city, state, ZIP Code, and country):					(3) Telephone (Include area code):	
n. Responsibilities:									
o. Type Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				p. Hours Per Week:		q. Professional Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		r. Professional Privileges Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
s. Have you worked for this organization previously? <input type="checkbox"/> YES <input type="checkbox"/> NO				t. Were you terminated? <input type="checkbox"/> YES (Explain below) <input type="checkbox"/> NO					

## SECTION VI - BACKGROUND

### Part A - Personal References

List three people that know you well and live in the United States. They should be good friends, peers, colleagues, etc., whose combined association with you covers as well as possible the last 7 years. Do not list spouses, former spouses, or other relatives, and try not to list anyone else who is listed elsewhere on this form.

#### 1. REFERENCE

a. Name:

b. Dates Known

(1) From (yy/mm/dd):

(2) To (yy/mm/dd):

c. Home or Work Address (No P.O. boxes):

d. City:

e. State:

f. ZIP Code:

g. Daytime Telephone (Include area code):

h. Nighttime Telephone (Include area code):

#### 2. REFERENCE

a. Name:

b. Dates Known

(1) From (yy/mm/dd):

(2) To (yy/mm/dd):

c. Home or Work Address (No P.O. boxes):

d. City:

e. State:

f. ZIP Code:

g. Daytime Telephone (Include area code):

h. Nighttime Telephone (Include area code):

#### 3. REFERENCE

a. Name:

b. Dates Known

(1) From (yy/mm/dd):

(2) To (yy/mm/dd):

c. Home or Work Address (No P.O. boxes):

d. City:

e. State:

f. ZIP Code:

g. Daytime Telephone (Include area code):

h. Nighttime Telephone (Include area code):

### Part B - Background Investigation

4. Has the U.S. Government ever investigated your background and/or granted you a security clearance? If "YES," use the codes below to provide the requested information. If "YES," but you cannot recall the investigating agency or the security clearance received, enter the "OTHER" agency code and clearance code, as appropriate, and "DON'T KNOW" or "DON'T RECALL" under the "OTHER AGENCY." If your response is "NO," or you do not know or cannot recall if you were investigated or cleared, check the "NO" box.

☐ YES

☐ NO

**Part B - Background Investigation** *(continued)*

Agency Codes:

1 - Defense Department	4 - FBI
2 - State Department	5 - Treasury Department
3 - Office of Personnel Management	6 - Other <i>(specify)</i>

Clearance Codes:

0 - Not Required	4 - Sensitive Compartmented Information
1 - Confidential	5 - Q
2 - Secret	6 - L
3 - Top Secret	7 - Other

**5. INVESTIGATION**

a. Date <i>(mm/yy)</i> :	b. Agency Code:	c. Other Agency:	d. Clearance Code:	e. Explanation:
--------------------------	-----------------	------------------	--------------------	-----------------

**6. INVESTIGATION**

a. Date <i>(mm/yy)</i> :	b. Agency Code:	c. Other Agency:	d. Clearance Code:	e. Explanation:
--------------------------	-----------------	------------------	--------------------	-----------------

**7. INVESTIGATION**

a. Date <i>(mm/yy)</i> :	b. Agency Code:	c. Other Agency:	d. Clearance Code:	e. Explanation:
--------------------------	-----------------	------------------	--------------------	-----------------

8. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from Government employment? If "YES," give date of action and agency. NOTE: An administrative downgrade termination of a security clearance is not a revocation.

☐ YES      ☐ NO

**9. CLEARANCE ACTION**

a. Date <i>(mm/yy)</i> :	b. Department or Agency Taking Action:
--------------------------	--

**10. CLEARANCE ACTION**

a. Date <i>(mm/yy)</i> :	b. Department or Agency Taking Action:
--------------------------	--

**Part C - Selective Service Record**

**11. REGISTRATION**

a. Are you a male born after December 31, 1959? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. If yes, have you registered with the Selective Service System? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

c. Registration Number *(Call 1-847-688-6888 to obtain your number.)*:

12. If you did not register, provide a legal exception explanation why:

**Part D - Background Record**

All "YES" answers require a written explanation.

13. Are you now or ever been a deserter from any branch of the Armed Forces of the United States?

☐ YES      ☐ NO

Part D - Background Record *(continued)*

14. Have you ever been employed by the United States Government?

☐ YES ☐ NO

15. Are you now drawing, or do you have an application pending or approval for, retired pay, disability allowance, severance pay, or pension from any agency of the United States Government?

☐ YES ☐ NO

16. Are you now or have you ever been a conscientious objector?

☐ YES ☐ NO

17. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?

☐ YES ☐ NO

18. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary?

☐ YES ☐ NO

19. Have you ever been a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government?

☐ YES ☐ NO

20. Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

☐ YES ☐ NO

21. Have you ever applied and not been selected for Reserve Officers' Training Corps (ROTC)?

☐ YES ☐ NO

22. Have you ever applied and not been selected for Officer Candidate School (OCS)?

☐ YES ☐ NO

23. Have you ever applied and not been selected for appointment in the Reserve Component (USAR or ARNG) as a warrant officer?

☐ YES ☐ NO

24. Have you ever applied and not been selected for appointment in the Reserve Component (USAR or ARNG) as a commissioned officer?

☐ YES ☐ NO

25. Have you ever applied and not been selected for appointment in the Regular Army as a warrant officer?

☐ YES ☐ NO

26. Have you ever applied and not been selected for appointment in the Regular Army as a commissioned officer?

☐ YES ☐ NO

**Part D - Background Record** *(continued)*

27. Have you ever resigned or been asked to resign in lieu of elimination proceedings; been discharged in lieu of elimination, furloughed, or placed on inactive status while serving in the U.S. Armed Forces; or, have you ever resigned or been asked to resign from a position while in Government or private employment?

☐ YES      ☐ NO

28. I understand that, if I am selected for appointment, I will be expected to accept such assignments as are in the best interests of the Army and Army Reserve regardless of my marital status and/or responsibility for dependents; and it is my responsibility to make appropriate arrangements for the care of my dependents should I be required to perform duty in an area where dependents are not permitted.

☐ YES      ☐ NO

29. Source of current commission *(direct appointment, OCS, ROTC, or other)*:

30. Please list all military awards you have ever received:

**Part E - Financial Record**

All "YES" answers require a written explanation.

31. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

☐ YES      ☐ NO

32. In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?

☐ YES      ☐ NO

33. In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

☐ YES      ☐ NO

34. In the last 7 years, have you had any judgments against you that have not been paid?

☐ YES      ☐ NO

35. Are there any court order judgments in effect that direct you to provide alimony and/or child support?

☐ YES      ☐ NO

36. Provide the following information to each "YES" answer in items 32, 33, 34, and 35 above.

a. Date <i>(mm/yy)</i> :	b. Type of Action:	c. Amount:	d. Name Action Occurred Under:	e. Name and Address of Court or Agency:
--------------------------	--------------------	------------	--------------------------------	---

## SECTION VII - FINANCIAL AND FOREIGN

### Part A - Financial Delinquencies

1. In the last 7 years, have you been over 180 days delinquent on any debts?

☐ YES ☐ NO

2. Are you currently over 90 days delinquent on any debts?

☐ YES ☐ NO

3. Provide the following information to each "YES" answer in items 1 and 2 above.

#### a. Debt

(1) Date Incurred (mm/yy):	(2) Date Satisfied (mm/yy):	(3) Amount:	(4) Type of Loan or Obligation and Account Number:
----------------------------	-----------------------------	-------------	--

(5) Name and Address of Creditor (complete address):

#### b. Debt

(1) Date Incurred (mm/yy):	(2) Date Satisfied (mm/yy):	(3) Amount:	(4) Type of Loan or Obligation and Account Number:
----------------------------	-----------------------------	-------------	--

(5) Name and Address of Creditor (complete address):

### Part B - Foreign Activities

4. Do you have any foreign property, business connections, or financial interests?

☐ YES ☐ NO

5. Are you now or have you been employed by, or acted as a consultant for, a foreign government, firm, or agency?

☐ YES ☐ NO

6. Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Do not include routine visa applications and border crossing contacts.)

☐ YES ☐ NO

7. Have you ever visited any foreign countries other than on Government orders, to include Canada and/or Mexico (include short trips) in the past 7 years?

☐ YES ☐ NO

8. In the past 7 years, have you had an active passport that was issued by a foreign government?

☐ YES ☐ NO

9. Provide the following information to each "YES" answer in items 4, 5, 6, 7, and 8 above: inclusive dates, names of firms and/or governments involved, and explanation of your involvement.

#### a. Activity

(1) From (mm/yy):	(2) To (mm/yy):	(3) Firm and/or Government:	(4) Explanation:
-------------------	-----------------	-----------------------------	------------------

#### b. Activity

(1) From (mm/yy):	(2) To (mm/yy):	(3) Firm and/or Government:	(4) Explanation:
-------------------	-----------------	-----------------------------	------------------

**Part C - Foreign Travel**

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current and working back 7 years.

Use one of the codes listed below to indicate the purpose of your visit:

- 1 - Business
- 2 - Pleasure
- 3 - Education
- 4 - Other

Include short trips to Canada or Mexico. If you have lived near a border and have made short (1 day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note (many short trips).

10. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

11. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

12. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

13. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
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14. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

15. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

16. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

17. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

18. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

19. TRIP

a. From (mm/yy):	b. To (mm/yy):	c. Code:	d. Country:
------------------	----------------	----------	-------------

## SECTION VIII - RELATIVES AND ASSOCIATES

List relatives and associates. At a minimum, you must list your parents and any siblings (brothers and sisters and/or stepbrothers and stepsisters). If married, you must list your in-laws. List all other relatives as applicable.

Use the following codes when listing the following relatives, as applicable:

- |                          |                    |                                      |
|--------------------------|--------------------|--------------------------------------|
| 1 - Mother               | 8 - Brother        | 15 - Mother-in-law                   |
| 2 - Father               | 9 - Sister         | 16 - Guardian                        |
| 3 - Stepmother           | 10 - Stepbrother   | 17 - Other relative                  |
| 4 - Stepfather           | 11 - Stepsister    | 18 - Associate                       |
| 5 - Foster parent        | 12 - Half-brother  | 19 - Adult currently living with you |
| 6 - Child (adopted also) | 13 - Half-sister   |                                      |
| 7 - Stepchild            | 14 - Father-in-law |                                      |

Code 17 (Other relative) - Include only foreign national relatives not listed in 1 through 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Code 18 (Associate) - Include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

### 1. RELATIVE OR ASSOCIATE

a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:	f. Current Address, City, State, and ZIP Code:		

### 2. RELATIVE OR ASSOCIATE

a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:	f. Current Address, City, State, and ZIP Code:		

### 3. RELATIVE OR ASSOCIATE

a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:	f. Current Address, City, State, and ZIP Code:		

### 4. RELATIVE OR ASSOCIATE

a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:	f. Current Address, City, State, and ZIP Code:		

### 5. RELATIVE OR ASSOCIATE

a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:	f. Current Address, City, State, and ZIP Code:		

### 6. RELATIVE OR ASSOCIATE

a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:	f. Current Address, City, State, and ZIP Code:		



<b>7. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>8. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>9. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>10. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>11. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>12. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>13. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>14. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	
<b>15. RELATIVE OR ASSOCIATE</b>			
a. Full Name <i>(If deceased, check box on the left before entering name):</i> <input type="checkbox"/>	b. Code:	c. Date of Birth <i>(yyyy/mm/dd):</i>	d. Country of Birth:
e. Country of Citizenship:		f. Current Address, City, State, and ZIP Code:	

## SECTION IX - SPOUSE

### Part A - Marital Status

1. Indicate your current marital status:
- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Never married | <input type="checkbox"/> Married | <input type="checkbox"/> Separated         |
| <input type="checkbox"/> Divorced      | <input type="checkbox"/> Widowed | <input type="checkbox"/> Legally separated |

### Part B - Current Spouse

2. Is your spouse now (or ever been) in the military?

☐ YES ☐ NO

3. Name ( <i>Last, first, middle</i> ):	4. Date of Birth:	5. Place of Birth:	6. SSN:
7. Country of Citizenship:		8. Dual-Citizenship Country:	

#### 9. MARRIED

a. Date:	b. Place:	c. City:	d. County:	e. State:
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#### 10. SEPARATED

a. Date:	b. If legally separated, where is record located?			
	(1) Place:	(2) City:	(3) County:	(4) State:

#### 11. ADDRESS (*If different than your address*)

a. Street ( <i>Apartment number if appropriate</i> ):	b. City:	c. State:	d. ZIP Code:	e. Telephone ( <i>Include area code</i> ):
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#### 12. OTHER NAMES USED

##### a. Maiden

(1) Name ( <i>Last, first, middle</i> ):	(2) Date Used From ( <i>yyyy/mm/dd</i> ):	(3) Date Used To ( <i>yyyy/mm/dd</i> ):
--	---	---

##### b. Former Married

(1) Name ( <i>Last, first, middle</i> ):	(2) Date Used From ( <i>yyyy/mm/dd</i> ):	(3) Date Used To ( <i>yyyy/mm/dd</i> ):
--	---	---

##### c. Alias

(1) Name ( <i>Last, first, middle</i> ):	(2) Date Used From ( <i>yyyy/mm/dd</i> ):	(3) Date Used To ( <i>yyyy/mm/dd</i> ):
--	---	---

##### d. Former

(1) Name ( <i>Last, first, middle</i> ):	(2) Date Used From ( <i>yyyy/mm/dd</i> ):	(3) Date Used To ( <i>yyyy/mm/dd</i> ):
--	---	---

##### e. Nickname

(1) Name ( <i>Last, first, middle</i> ):	(2) Date Used From ( <i>yyyy/mm/dd</i> ):	(3) Date Used To ( <i>yyyy/mm/dd</i> ):
--	---	---

**Part C - Former Spouse**

13. Name <i>(Last, first middle)</i> :		14. Date of Birth:	15. Place of Birth:	16. SSN:	
17. Country of Citizenship:			18. Dual-Citizenship Country:		
19a. Is your former spouse widowed? <input type="checkbox"/> YES <input type="checkbox"/> NO			19b. Date <i>(dd/mm/yy)</i> :		
20. DIVORCED					
a. Date <i>(dd/mm/yy)</i> :		b. Where is record located?			
		(1) Place:	(2) City:	(3) County:	(4) State:
21. ADDRESS <i>(If different than your address)</i>					
a. Street <i>(Apartment number if appropriate)</i> :		b. City:	c. State:	d. ZIP Code:	e. Telephone <i>(Include area code)</i> :
22. OTHER NAMES USED					
a. Maiden					
(1) Name <i>(Last, first, middle)</i> :		(2) Date Used From <i>(yyyy/mm/dd)</i> :		(3) Date Used To <i>(yyyy/mm/dd)</i> :	
b. Former Married					
(1) Name <i>(Last, first, middle)</i> :		(2) Date Used From <i>(yyyy/mm/dd)</i> :		(3) Date Used To <i>(yyyy/mm/dd)</i> :	
c. Alias					
(1) Name <i>(Last, first, middle)</i> :		(2) Date Used From <i>(yyyy/mm/dd)</i> :		(3) Date Used To <i>(yyyy/mm/dd)</i> :	
d. Former					
(1) Name <i>(Last, first, middle)</i> :		(2) Date Used From <i>(yyyy/mm/dd)</i> :		(3) Date Used To <i>(yyyy/mm/dd)</i> :	
e. Former					
(1) Name <i>(Last, first, middle)</i> :		(2) Date Used From <i>(yyyy/mm/dd)</i> :		(3) Date Used To <i>(yyyy/mm/dd)</i> :	
f. Nickname					
(1) Name <i>(Last, first, middle)</i> :		(2) Date Used From <i>(yyyy/mm/dd)</i> :		(3) Date Used To <i>(yyyy/mm/dd)</i> :	
g. Nickname					
(1) Name <i>(Last, first, middle)</i> :		(2) Date Used From <i>(yyyy/mm/dd)</i> :		(3) Date Used To <i>(yyyy/mm/dd)</i> :	

## SECTION X - MILITARY ASSIGNMENT HISTORY

List all periods of military assignments, beginning with the most recent.

### 1. MILITARY ASSIGNMENT

a. Branch of Service:	b. If National Guard, list state:	c. Date From (yy/mm/dd):	d. Date To (yy/mm/dd):
e. Enlisted, commissioned, or warrant officer?	f. Rank:	g. Highest grade:	h. PMOS or AOC:
i. ASI:			
j. Discharge Type:	k. RE Code:	l. Separation Code:	
m. Unit			
(1) Name:		(2) Telephone (Include area code):	
(3) Street Address:	(4) City:	(5) State:	(6) ZIP Code:
n. Supervisor's Name (Last and first):			

### 2. MILITARY ASSIGNMENT

a. Branch of Service:	b. If National Guard, list state:	c. Date From (yy/mm/dd):	d. Date To (yy/mm/dd):
e. Enlisted, commissioned, or warrant officer?	f. Rank:	g. Highest grade:	h. PMOS or AOC:
i. ASI:			
j. Discharge Type:	k. RE Code:	l. Separation Code:	
m. Unit			
(1) Name:		(2) Telephone (Include area code):	
(3) Street Address:	(4) City:	(5) State:	(6) ZIP Code:
n. Supervisor's Name (Last and first):			

### 3. MILITARY ASSIGNMENT

a. Branch of Service:	b. If National Guard, list state:	c. Date From (yy/mm/dd):	d. Date To (yy/mm/dd):
e. Enlisted, commissioned, or warrant officer?	f. Rank:	g. Highest grade:	h. PMOS or AOC:
i. ASI:			
j. Discharge Type:	k. RE Code:	l. Separation Code:	
m. Unit			
(1) Name:		(2) Telephone (Include area code):	
(3) Street Address:	(4) City:	(5) State:	(6) ZIP Code:
n. Supervisor's Name (Last and first):			

4. MILITARY ASSIGNMENT					
a. Branch of Service:		b. If National Guard, list state:		c. Date From (yy/mm/dd):	
e. Enlisted, commissioned, or warrant officer?		f. Rank:	g. Highest grade:	h. PMOS or AOC:	i. ASI:
j. Discharge Type:			k. RE Code:		l. Separation Code:
m. Unit					
(1) Name:			(2) Telephone (Include area code):		
(3) Street Address:		(4) City:		(5) State:	(6) ZIP Code:
n. Supervisor's Name (Last and first):					
5. MILITARY ASSIGNMENT					
a. Branch of Service:		b. If National Guard, list state:		c. Date From (yy/mm/dd):	
e. Enlisted, commissioned, or warrant officer?		f. Rank:	g. Highest grade:	h. PMOS or AOC:	i. ASI:
j. Discharge Type:			k. RE Code:		l. Separation Code:
m. Unit					
(1) Name:			(2) Telephone (Include area code):		
(3) Street Address:		(4) City:		(5) State:	(6) ZIP Code:
n. Supervisor's Name (Last and first):					
6. MILITARY ASSIGNMENT					
a. Branch of Service:		b. If National Guard, list state:		c. Date From (yy/mm/dd):	
e. Enlisted, commissioned, or warrant officer?		f. Rank:	g. Highest grade:	h. PMOS or AOC:	i. ASI:
j. Discharge Type:			k. RE Code:		l. Separation Code:
m. Unit					
(1) Name:			(2) Telephone (Include area code):		
(3) Street Address:		(4) City:		(5) State:	(6) ZIP Code:
n. Supervisor's Name (Last and first):					

## SECTION XI - MILITARY PERSONNEL INFORMATION

1. PAY ENTRY BASIC DATE:		2. BASIC ACTIVE SERVICE DATE:	
3. EXPIRATION TERM OF SERVICE DATE:		4. SEPARATION DATE:	
5. DATE OF LAST PHYSICAL:			
6. LIST ALL SERVICE SCHOOLS			
a. School			
(1) Start Date (yy/mm/dd):	(2) End Date (yy/mm/dd):	(3) Name:	
(4) Course:		(5) Completed:	
b. School			
(1) Start Date (yy/mm/dd):	(2) End Date (yy/mm/dd):	(3) Name:	
(4) Course:		(5) Completed:	
c. School			
(1) Start Date (yy/mm/dd):	(2) End Date (yy/mm/dd):	(3) Name:	
(4) Course:		(5) Completed:	
d. School			
(1) Start Date (yy/mm/dd):	(2) End Date (yy/mm/dd):	(3) Name:	
(4) Course:		(5) Completed:	
e. School			
(1) Start Date (yy/mm/dd):	(2) End Date (yy/mm/dd):	(3) Name:	
(4) Course:		(5) Completed:	
f. School			
(1) Start Date (yy/mm/dd):	(2) End Date (yy/mm/dd):	(3) Name:	
(4) Course:		(5) Completed:	
g. School			
(1) Start Date (yy/mm/dd):	(2) End Date (yy/mm/dd):	(3) Name:	
(4) Course:		(5) Completed:	